SENDER: COMPLETE THIS SECTION CT-00	005-SASPLETE THIS SECTION ON DE	SIVERY Filed 08/25/2005	
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature	☐ Agent ☐ Addressee	
 so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	Jama	C. Date of Delivery	
1. Article Addressed to: 02cr 5 #37	D. Is delivery address different from it If YES, enter delivery address bel	Page 1	
LESLIE WOOD, 65736-66	/		
FCI ASHLAND			
SATELLITE CAMP	3. Service Type		
P.O. BOX 6000		an ceipt for Merchandise	
ASHLAND, KY 41105	☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee)	□ Yes	
Article Number (Transfer from service label)	7002 0860 0000 1409	1135	
PS Form 3811, August 2001 Domes	tic Return Receipt	102595-02-M-0835	